



Welcome to the second edition of *Recommendations for Management of Diabetes in South Dakota*. This guide has been developed as part of a statewide initiative to improve the health care of people with diabetes, and is consistent with the *South Dakota Diabetes State Plan (2007-2009)*.

Much work has been done, but many challenges still lie ahead. According to information accessible at <http://doh.sd.gov/Statistics/default.aspx>, the Behavioral Risk Factor Surveillance Survey (BRFSS) is the main behavioral surveillance tool used in South Dakota for data collection for *Healthy People 2010* objectives. The South Dakota Department of Health's Survey "The Health Behaviors of South Dakotans" conducted in 2006 and reported in 2007, indicates the prevalence of diabetes has increased in South Dakota from a low of 2.9 percent in 1995 to a high of 7.1 percent in 2003. Currently, there is a 6.5 percent prevalence rate in the state.

The highest prevalence of diabetes was noted in the 55 to 75+ age range, in sparsely populated geographic locations across the state, including central South Dakota and the Native American counties. Lower socioeconomic income status and lower levels of education completed were also prevalent in this population group. Further, this survey indicates that disparities exist in South Dakota in both race and geographic location. Survey data lists the prevalence of diabetes in South Dakota at 6.1 percent for whites and 13.4 percent for Native Americans. Aberdeen Area Indian Health Service reports their 2007 prevalence rate for diabetes in all ages of their population at 12 percent, up from 11.8 percent in 2006.

This disparity translates into shorter life spans for the Native American population. The South Dakota Vital Statistics Report (2006) reveals that diabetes ranks as the 7th leading cause of death for whites and 5th for American Indians, resulting in the median age of death at 82 years for whites and 69 years for American Indians.

As health care providers, if we are to address the global epidemic of diabetes and obesity in the world today, focus must be centered on forming partnerships to create awareness, provide education, treatment, and preventive practices to mitigate the burden of diabetes

in South Dakota. In order to provide culturally relevant care that honors the values of the population, we must begin at the local level if we are to have an impact on the worldwide diabetes epidemic.

Armed with the positive outcomes from the Diabetes Prevention Program, health care providers and their interdisciplinary partners have the knowledge and tools to focus on prevention activities. There are no quick fixes for the social and health problems facing citizens today, but by joining together, South Dakotans can overcome the public health threat of diabetes and secure a healthier future for our children, adults, elders, and future generations yet to come.

These recommendations provide practitioners with the current research and evidence-based practice according to existing national standards, and are meant to serve as a guide to provide appropriate care and treatment to people at risk for and with diabetes. Providers are encouraged to adapt recommendations to provide individualized, culturally sensitive care to all patients to improve health outcomes and to avoid disparity in treatment, and to provide consistency in the treatment and prevention of the long-term complications of diabetes.

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